



## APPLICATION FOR LAW AND ETHICS RE-EXAMINATION

**For Office Use Only**  
ATS# \_\_\_\_\_

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**Received**

### No Fee Required

(Please type or print neatly)

1. NAME

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

2. ADDRESS OF RECORD

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

3. TELEPHONE NUMBER

\_\_\_\_\_  
EVENING

\_\_\_\_\_  
DAY

4. Do you have a disability or condition that requires special accommodations?

If yes, email "db\_examination@dca.ca.gov" for a "REQUEST FOR ACCOMODATION" packet.

5. Preferred Examination

☐

Northern  
California

☐

Southern  
California

Month: \_\_\_\_\_

6. Date and Examination Site of the last examination applied for: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant